

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032657

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 10 1963

Primary Registration District No.

3028

Registrar's No.

179

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Carthage

Length of stay in 1b

12 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

115 S McGregor

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jasper

c. CITY

Carthage

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

115 S McGregor

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

JAMES

EDGAR

WILKS

## 4. DATE OF DEATH

Month

Day

Year

Sept

3

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9-5-1870

## 9. AGE (last birthday)

92

## 10. IF UNDER 1 YEAR

Months

Days

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Joplin, Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

M. J. Wilks

## 13b. MOTHER'S MAIDEN NAME

Martha Lilbourn

## 14. NAME OF HUSBAND OR WIFE

Minnie May Givler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edna Ferguson 115 S McGregor

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

#### DUE TO (b)

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Pulmonary Edema  
Myocarditis  
Coronary Artery Disease

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1946 to 9-3-63

and last saw her him alive on 9/5/63

Death occurred at 3:15 P M

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(degree or title)

## 22b. ADDRESS

MD

1515 Hazel, Carthage, Mo

## 22c. DATE SIGNED

9-4-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9-5-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Dudman Cemetery

## 23d. LOCATION (City, town, or county)

Jasper Co

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Knell Mortuary

Carthage, Mo

## 25. DATE RECD. BY LOCAL REG.

9-5-1963

## 26. REGISTRAR'S SIGNATURE

W. H. Clinton

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Frank W. Knell*

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.